RECEIVED FEC MAIL CENTER

2016 OCT -4 PM 12: 30

Committee Name:
BRAIN INJURY AND CHRONIC TRAVMATTO ENCEPHALOPATHY EDUCATION FUND SUPER PAC
If registered, FEC ID:
Today's Date:
10-01-2016
Federal Election Commission
999 E Street, N.W.
Washington, D.C. 20463
Re: Form 1, Statement of Organization—Unlimited Contributions

To Whom It May Concern:

This committee intends to make independent expenditures, and consistent with the U.S. Court of Appeals for the District of Columbia Circuit decision in SpeechNow v. FEC, it therefore intends to raise funds in unlimited amounts. This committee will not use those funds to make contributions, whether direct, in-kind, or via coordinated communications, to federal candidates or committees.

Respectfully submitted,

Treasurer's Name:

STEVEN ALLAN KING

Treasurer

FEC FORM 1

2016-10-01-01-00100899

Only

STATEMENT OF **ORGANIZATION**

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2016 OCT -4 PM 12: 30

			1	oc ode only	
1. NAME OF COMMITTEE (in full)	(Check if name is changed)	Example: If typing, type over the lines.	12FE4M5		
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(Check if address is changed)		·			
	CITY A	MC1771/101/MIIII	STATE A	1510121- ZIP CODE 4	
COMMITTEE'S E-MAIL ADDRE	SS				
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is shanger,	Optional Second E-Mail Ad		,		
COMMITTEE'S WEB PAGE AD (Check if address is changed)	DRESS (URL)				
2. DATE / 0 / 2016					
3. FEC IDENTIFICATION NUMBER ▶ C					
4. IS THIS STATEMENT NEW (N) OR AMENDED (A)					
I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete.					
Type or Print Name of Treasurer STEVEN A. KING					
Signature of Treasurer Julier A. Jing Date 1.0 2016					
NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 52 U.S.C. §30109 ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.					
Office Use		For further information of Federal Election Commiss Toll Free 800-424-9530		FEC FORM 1 (Revised 06/2012)	

Local 202-694-1100

FE	C For	m 1 (Revised 02/2009)	Page 2			
		OMMITTEE Committee:				
(a)	O	This committee is a principal campaign committee. (Complete the candidate information below.)				
(b)	Ō	This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.)				
Name of Candida						
Candida Party A		Office Sought: House Senate President	State			
(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.				
Name of Candida						
Party	Com	mittee:				
(d)			Democratic, Republican, etc.) Part			
Politic	al A	ction Committee (PAC):				
(e)		This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization on line 6.)	nected organization is			
		Corporation Corporation w/o Capital Stock	Labor Organization			
		Membership Organization Trade Association	Cooperative			
		In addition, this committee is a Lobbyist/Registrant PAC.				
(f)		This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or party committee. (i.e., nonconnected committee)				
		In addition, this committee is a Lobbyist/Registrant PAC.				
		In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)				
Joint F	Fund	raising Representative:				
(g)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for two committees/organizations, at least one of which is an authorized committee of a federal candidate.	o or more political			
(h)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for two committees/organizations, none of which is an authorized committee of a federal candidate.	o or more political			
	Com	Committees Participating in Joint Fundraiser				
	1.					
	2.	FEC ID number				
	3.	FEC ID number				
	4.					

1					
FEC Form 1 (Revised	02/2009)	Page 3			
Write or Type Committee Nan	ne				
6. Name of Any Connected	Organization, Affiliated Committee, Joint Fundraising Representative, or Leade	ership PAC Sponsor			
1					
		<u> </u>			
Mailing Address					
	CITY STATE	ZIP CODE			
Relationship: Connect	ed Organization Affiliated Committee Joint Fundraising Representative	Leadership PAC Sponsor			
 Custodian of Records: Identification books and records. 	entify by name, address (phone number optional) and position of the person in p	possession of committee			
Full Name SITIE	NEM ALKAIN KING				
Mailing Address	PIOSITI DIFIFICIEL BIOIX 189161				
	GRAND JUNICITUDINI I LO BIL	510121-			
Title or Position	CITY STATE	ZIP CODE			
EIXEICIUITI/IVIEI DI/IRIEICITIOIRI I Telephone number					
Treasurer: List the name a any designated agent (e.g.,	and address (phone number optional) of the treasurer of the committee; and the assistant treasurer).	name and address of			
Full Name of Treasurer SITIE	IVIEN AKKAN KINNGIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII				
Mailing Address	PIOIST 101F1F1/CE+ BIDIXI B19161 1 1 1 1 1				
	GRANDI WWICITION I CO BI	502			
Title or Position	•	211 0002			
EIXIEICIUITI/IVIE	+ DITIGLECITION Telephone number				

CITY

STATE

ZIP CODE

2016 · 10 · 04 · 08 · 00100902

Mailing Address





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American National Protective Servic Steven A King PO Box 896 GRAND JUNCTION CO 81502 – 0896

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Federal Election Commission 999 E St NW 910 WASHINGTON DC 20463—0001

USPS TRACKING #



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Hand Delivered	Date of Receipt			
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USPS Registered/Certified	Postmarked (R/C)			
USPS Priority Mail	Postmarked			
USPS Priority Mail Express	Postmarked			
Postmark Illegible				
No Postmark				
Overnight Delivery Service (Specify):	Shipping Date			
Next Business Day Delivery				
Received from House Records & Registration Of	Date of Receipt ffice			
Received from Senate Public Records Office	Date of Receipt			
Received from Electronic Filing Office	Date of Receipt			
Other (Specify):	Date of Receipt or Postmarked			
PREPARER (3/2015)	10 4 16 DATE PREPARED			